

Application Data Sheet

Application Information

Application number::
Filing Date:: 01/17/02
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Passive Flow Control Devices for Implantable
Pumps
Attorney Docket Number:: 11738.00052
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Charles
Middle Name::
Family Name:: Rogers
Name Suffix::
City of Residence:: Maple Grove
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 7433 Fernbrook Ln. N
City of mailing address:: Maple Grove
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Warren
Middle Name::
Family Name:: Starkebaum
Name Suffix::
City of Residence:: Plymouth
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 4230 Trenton Lane
City of mailing address:: Plymouth

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55442

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Raymond

Middle Name::

Family Name:: McMullen

Name Suffix::

City of Residence:: Shorewood

State or Province of Residence:: Minnesota

Country of Residence:: USA

Street of mailing address:: 6055 Maple Leaf Circle

City of mailing address:: Shorewood

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55331

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/303,004	04/30/99

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
 Street of mailing address:: 710 Medtronic Parkway NE
 City of mailing address:: Minneapolis
 State or Province of mailing address:: Minnesota
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 55432-5604